## Appendix A Department of Workforce Services Homeless Supplemental Education Grant Grant Application Cover Sheet

| DUNS#  |   |                            |  |  |  |
|--|---|----------------------------|--|--|--|
| This organization is doing business as:  |   |                            |  |  |  |
| Total Grant Funds Requested in this application:   |   |                            |  |  |  |
| Anticipated number of participants to be served:   |   |                            |  |  |  |
| Executive Director or equivalent (person authorized to sign grant application and/or an awarded contract): |   |                            |  |  |  |
| Position:  |   |                            |  |  |  |
| City:  | State:                                  | Zip Code:                  |  |  |  |
| e:Email:   |   |                            |  |  |  |
|  |   |                            |  |  |  |
| ture:Date:   |   |                            |  |  |  |
| By signing I certify that all information provided in this grant application is complete and accurate.     |   |                            |  |  |  |
| GRANT ADMINISTRATOR (if different from above)  |   |                            |  |  |  |
| Position:  |   |                            |  |  |  |
| _ City:  | _State:                                 | Zip Code:                  |  |  |  |
| Email:   |   |                            |  |  |  |
| FINANCIAL ADMINISTRATOR  |   |                            |  |  |  |
| me:Position:   |   |                            |  |  |  |
| _ City:  | _ State:                                | Zip Code:                  |  |  |  |
| Email:   |   |                            |  |  |  |
|  | DUNIndividual/Sole Propriect(3) letter) | Individual/Sole Proprietor |  |  |  |

| Program Information   |  |  |   |  |
|---|--|--|---|--|
| Organization:   |  |  |   |  |
| SECTION A: PROGRAM INFORMATION  |  |  |   |  |
| Age ranges: (Check all that apply)    3-5 years old   |  |  |   |  |
| SECTION B: PREVENTION/EDUCATION   |  |  |   |  |
| Check the three primary prevention/education components the program proposes to offer utilizing appropriate curriculum and/or resources:  Addiction Prevention Civic Engagement Deducation & Career Readiness |  |  |   |  |
| SECTION C: GEOGRAPHIC LOCATION (Check all boxes that apply for proposed program)  |  |  |   |  |
| Beaver County Box Elder County Cache County Carbon County Davis County Daggett County Duchesne County   | Emery County Garfield County Grand County Iron County Juab County Kane County Millard County | Morgan Co Piute Cour Rich Coun San Juan Salt Lake Sanpete C Sevier Cou | Tooele County  Ity  County  County  Wasatch County  Washington County                               |  |
| Section D: Please list locations the program intends to serve   |  |  |   |  |
| City:   | Zip Code:<br>Zip Code:<br>Zip Code:<br>Zip Code:<br>Zip Code:                                | City:<br>City:<br>City:<br>City:                                       | Zip Code:         Zip Code:         Zip Code:         Zip Code:         Zip Code:         Zip Code: |  |